PTO/SB/22 (12-04)
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	FOR EXTENSION OF			Docket Number (O		in trainiber.
	FY 20	449122031000				
(Fees purs	uant to the Consolidated Ap					
Application	Number	Filed September 25, 2000				
-or	HOD FOR USING INTER BILE COMMUNICATION		ETWORKS THRO	DUGHMOBILE INTE	RNET-COMPAT	BLE
Art Unit	3624			Examiner	L. M. Hamilton	
dentified ap						\.·
ne request	ted extension and fee are	e as follows (check	•		propriate lee beit	w).
x	One month (37 CFR 1.1	7(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	<b>\$</b> 120.	വ
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	Two months (37 CFR 1.		\$450	\$225	\$	
	Three months (37 CFR		\$1020	\$510	\$	
	Four months (37 CFR 1		\$1590	\$795	\$	—
	Five months (37 CFR 1.	17(a)(5))	\$2160	\$1080		
Appli	icant claims small entity:	status. See 37 CF	FR 1.27.			
A ch	eck in the amount of the	fee is enclosed.				
	ment by credit card. Forr		ached			
	Director has already bee			unnlication to a Deno	sit Account	
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	Director is hereby author psit Account Number	ized to charge an 03-1952	I have enclose	<del>d a duplicate copy o</del> m (PTO/SB/17) is at	fthis sheet. Fee	nt, to
I am the	applicant/inve	entor.				
			interest. See 37 .73(b) is enclosed	CFR 3.71. (Form PTO/SB/96)	).	
	attorney or ag	ent of record. Re	egistration Number		<del></del>	
	X /attorney or ag	ent under 37 CFF	R 1.34.			
	Registration	Fumber if acting un	er 37 CFR 1.34	43,148	•	
	A emit	May 19, 2006				
	Sign	ature			Date	
		R. Spivak			760-7762 one Number	_
NOTE: Sigithan one sig	I yped or p natures of all the inventors or assi gnature is required, see below.	rinted parfie	ntire interest or their repre			52 <b>09</b> more
	otal of 1	forms are submitte	ed			
	, in the state of					

PTO/SB/17 (01-06)
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rademark Office; U.S. DEPARTMENT OF COMMERCE

Date

May 19, 2006

Under the Paperwork Re	nation unless it displa												
Under the Paperwork Re	dated Appropriation	ns Act. 2005 (H.I	R. 4818).	Complete if Known									
CEETD	Application Number		09/646,995										
FEE TR			Filing Date		September 25, 2000								
Fo	r FY 2006	5		First Named Inventor		Karl-Ulrich STEIN							
	····-			Examiner Name		L. M. Hamilton							
Applicant claims sn	nall entity status. S	7	Art Unit		3624								
TOTAL AMOUNT OF PA	AYMENT (		Attorney Do	cket No.	449122031000								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION	(All the fees t	elow are d	ue upo	n filing or ı	may be sul	oject to a surch	narge.)						
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FE	ES										
		FEES	SE	ARCH FEE		MINATION FEE:							
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	<u>Small Er</u> ) Fee (\$		Small Entity \$) Fee (\$)		Paid (\$)					
Utility	300	150	500	250	_ `								
Design	200	100	100	50	•	•							
Plant	200	100	300	150									
Reissue	300	150	500	250	• •								
Provisional	200	100	0	0									
		100	U	U		,		Small Entity					
2. EXCESS CLAIM FEES Fee Description	•						Fee (\$)	Fee (\$)					
Each claim over 20 (incl	uding Reissues)						50	25					
Each independent claim	-						200	100					
Multiple dependent clair	· ·	,					360	180					
1 ' '		ee (\$)	Fee I	Paid (\$)		Multiple Depend	dent Claims	<b>;</b>					
. =	· x	=				Fee (\$)	Fee Paid (	<u>\$)</u>					
HP = highest number of total		eater than 20.											
Indep. Claims Ext	ra Claims F	ee (\$)	Fee l	Paid (\$)				•					
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3. APPLICATION SIZE F If the specification and		d 100 chaota	of nonar	(avaludina a	dootronically	, filed sequence o	r computer						
listings under 37 CF	TR 1.52(e)) the s	u 100 sheets (	oi papci ze fee di	e is \$250 (\$	125 for smal	I entity) for each	additional :	50					
sheets or fraction the								. •					
Total Sheets	Extra Sheets			dditional 50 c		reof Fee (\$)	<u>Fee</u>	Paid (\$)					
- 100 =		/50		(round up to	a whole numb	er) x	=						
4. OTHER FEE(S)  Fees Paid (\$)													
Non-English Specific	cation, \$130 fee	(no small en	itity disc	ount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00													
SUBMITTED BY / /													
Signature	211			Registration N	0. 43 14	18 Telephone	(703) 70	30-7762					

Kevin R. Spivak

Name (Print/Type)